



# APPLICATION FOR EMPLOYMENT

## Accor Internship Program

*We are an equal opportunity employer, and make every effort to select the best qualified individual for the job based on job related qualifications and experiences, regardless of race, colour, creed, sex, national origin, age, disability, sexual orientation, marital status, personal association, physical features, political or religious beliefs or activities.*

PROPERTY NAME APPLING FOR ROLE: \_\_\_\_\_

MR/MS/MRS/MISS/MX      GIVEN NAME: \_\_\_\_\_      SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_      POST CODE: \_\_\_\_\_      STATE: \_\_\_\_\_

HOME TEL: \_\_\_\_\_      WORK TEL: \_\_\_\_\_

MOBILE TEL: \_\_\_\_\_      EMAIL: \_\_\_\_\_

INTERNSHIP CATEGORY/IES APPLYING FOR (IN ORDER OF PREFERENCE)	AVAILABILITY FOR WORK	
1. _____  2. _____  3. _____	<b>EARLIEST START</b>	<b>LATEST FINISH</b>
	<b>MONDAY</b>	_____
	<b>TUESDAY</b>	_____
	<b>WEDNESDAY</b>	_____
	<b>THURSDAY</b>	_____
	<b>FRIDAY</b>	_____
	<b>SATURDAY</b>	_____
	<b>SUNDAY</b>	_____
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		

QUESTIONS		
Can you prove you are over 18 years of age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked within the Accor group within the last ten (10) years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you an Australian / New Zealand Resident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no, please state what visa you are on.	Visa type: _____	
Are you aware of any disabilities and/or medical conditions caused by gradual process or pre-existing injuries which may affect your ability to do the job or work the required hours? If yes, give details	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As you are applying for a position of trust, do you have a criminal conviction that may make it inappropriate for you to take the position? If yes, give details	<input type="checkbox"/> YES	<input type="checkbox"/> NO

What languages do you fluently speak, read or write:

\_\_\_\_\_

**WHAT STUDIES ARE YOU CURRENTLY UNDERTAKING?**

COURSE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

LIST ANY QUALIFICATIONS OR SKILLS YOU HAVE WHICH ARE RELEVANT TO THE POSITION APPLIED FOR: \_\_\_\_\_

**WORK EXPERIENCE**  
**IF APPLICABLE, LIST YOUR THREE MOST RECENT POSITIONS, BEGINNING WITH YOUR MOST RECENT POSITION**

	1	2	3
<b>POSITION:</b>			
<b>EMPLOYER:</b>			
<b>DATE EMPLOYED FROM/TO:</b>			
<b>DUTIES:</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>			
<b>REASON FOR LEAVING:</b>			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PROFESSIONAL REFEREES**

	1	2	3
<b>REFEREE'S NAME:</b>			
<b>JOB TITLE:</b>			
<b>COMPANY:</b>			
<b>ADDRESS:</b>			
<b>TELEPHONE:</b>			

**DECLARATION**

If required, I agree to be examined prior to employment and at any time during my employment, by any medical practitioners nominated by the company. I understand that in some instances a security clearance will need to be made on my past. I consent to undergo such a clearance and authorise the Accor Group to secure any information regarding myself and hereby release any person, firm or institution of all liability for any damage whatsoever issuing from such information. I further understand that all statements made by me in this application are true and correct and understand that a false application renders me liable for dismissal.

**PRIVACY ACKNOWLEDGEMENT**

As a condition of submitting this application, I acknowledge that in providing information, it may be disclosed to my employer and to the Accor Group, and AAPC Limited's ultimate parent Accor SA who may retain this information. The information may be disclosed to third parties such as banks or real estate agents that may contact you to obtain information about my employment.

If you have provided us with an email address or mobile phone number we may use these to send you marketing material electronically.

Tick this box if we can share your application within the Accor group to open up the potential opportunities available to you

\_\_\_\_\_  
SIGNATURE OF APPLICANT\_\_\_\_\_  
DATE